U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Washington, DC 20210

# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTERSHIP TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTERSHIP

MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

This report is mandatory under P.L. 86-257, as amended. Failure to	comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.					
READ THE INSTRUC	READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.					
For Official Use Only 1. FILE NUMBER 2. PERIO	DD COVERED  3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here:					
006-136 From	Oし のし スのの2 (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: X					
Through	gh 0 9 3 0 2 0 0 2 (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:					
	8. MAILING ADDRESS (Type or print in capital letters.)					
IMPORTANT	First Name					
IIIII OTTIFALLI	WILLIAM					
Peel off the address label from the back of the package						
and place it here.	Last Name					
If the label information is correct, leave Items 4 through 8 blank.	DOWINI					
· ·	P.O. Box • Building and Room Number (if any)					
If any of the label information is incorrect, complete Items 4 through 8.						
_	Number and Chart					
	Number and Street					
4. AFFILIATION OR ORGANIZATION NAME PRODUCTION SUCE + SALES DISTRICT COUNCY	19201 4TH AVENUE					
5. DESIGNATION (Local, Lodge, etc.)  6. DESIGNATION NUMBER	ह्नी City					
Local 222-S	BROOKLYN					
7. UNIT NAME (if any)  UFCN AFL-CIO	State ZIP Code + 4					
Are your organization's records kept at its mailing address?     Yes  No	NY 11209-					
75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages	s properly identified.)					
PROD. SERVICE + SALES DISTRICT COUNCIL HEALTH FD #11-1889117  11 PROD. SERVICE + SALES DISTRICT COUNCIL PENSION FD # 11 7006994  14 ABE STEINBERG-CPA. TO MERRICK RD. RECKVILLE CTR. NY. 11570  24 PENSION WITHDRAWAL LIABILITY - UNDER EXISA - \$57,757-9 VARTERLY PAYTS OF \$1,434  24 AS PART OF THE MERGER-THE EXECUTIVE BOARD AND MEMBERSHIP OF LOCAL 422-S-PSS DC  VOTED TO AREAR PART OF BACK PERIODS PER CAPITA TAKES OF LOCAL 222-S IN THE AMT OF \$1,622,042						
Each of the undersigned, duly authorized officers of the above labor organization, declar	res, under the applicable penalties of law, that all of the information submitted in this report (including the information contained est of the undersigned's knowledge and belief frue, correct, and opposite (See Section VI on penalties in the instructions.)					
	and the second					
- I I	RESIDENT 77. SIGNED: TREASURER (If other title,					
	e instructions.) 01 / 15 /03 (718) 491 -4700 see instruct					
Date Telephone Number	Date Telephone Number					

During the Reporting Period Did Your Organization:  10. Have a "subsidiary organization" as defined in Section X of the instructions?	Yes	No X	18. How many members did your organization have at the end of the reporting period?  19. What is the date of your organization's MO  YEAR
Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?	X		next regular election of officers? $\sim \downarrow \triangle$ 20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$
12. Have a political action committee (PAC) fund?		Х	21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)
Acquire or dispose of any goods or property in any manner other than by purchase or sale?		X	Rates of Dues and Fees  (a) Regular Dues/Fees \$\frac{128-0}{9} \text{per} \frac{\text{Month, Year, etc.}}
Have an audit or review of its books and records     by an outside accountant or by a parent body     auditor/representative?	X		(b) Initiation Fees \$ (c) Transfer Fees \$ (d) Work Permits \$ per
15. Discover any loss or shortage of funds or other property?		X	22. During the reporting period, did your organization have any changes in its constitution and bylaws Yes No (other than rates of dues and fees) or in practices/
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor		>	procedures listed in the instructions?
organization or of an employee benefit plan?		X	23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period?
(If the answer to any of the above questions is "Yes," provide in Item 75 on page 1 as explained in the instructions for each			(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

FILE NUMBER: 0 06 - 1 36

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS Item	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	25. Cash		16 150	22671
	26. Accounts Receivable		O	0
SE	27. Loans Receivable	1	0	0
ASSETS	28. U.S. Treasury Securities		Ø	0
	29. Investments	2	0	0
	30. Fixed Assets	5	0	0
	31. Other Assets	3	0	16
	32. TOTAL ASSETS		16150	22687
	LIABILITIES Item	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	33. Accounts Payable		0	0
JES .	34. Loans Payable	8	O	٥
LIABILITIES	35. Mortgages Payable		O	0
LA	36. Other Liabilities	4	6285	6105
	37. TOTAL LIABILITIES		6285	5019
	38. NET ASSETS (Item 32 less Item 37)		9865	16582

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#### Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
39. Dues		192517	56. To Officers	9	81834
40. Per Capita Tax		0	57. To Employees	10	
41. Fees		O	58. Per Capita Tax		20196
42. Fines		٥	59. Fees, Fines, Assessments, etc		
43. Assessments		0	60. Office & Administrative Expense	13	8790
44. Work Permits		0	61. Educational & Publicity Expense		
45. Sale of Supplies		٥	62. Professional Fees		9936
46. Interest		0	63. Benefits	11	20 229
47. Dividends		0	64. Contributions, Gifts & Grants	12	110
48. Rents		0	65. Supplies for Resale		
49. Sale of Investments & Fixed Assets	6	0	66. Direct Taxes		8164
50. Loans Obtained	8	0	67. Withholding Taxes		22815
51. Repayments of Loans Made	1	O	68. Purchase of Investments & Fixed Assets	7	
52. On Behalf of Affiliates for Transmittal to Them		2200	69. Loans Made	1	
53. From Members for Disbursement on Their Beha	lf		70. Repayment of Loans Obtained	8	
54. Other Receipts		370	71. To Affiliates of Funds Collected on Their Behalf		2488
			72. On Behalf of Individual Members		
			73. Other Disbursements	15	14004
55. TOTAL RECEIPTS		195081	74. TOTAL DISBURSEMENTS		188 566

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 006-136

Enter Amounts in Dollars Only — Do Not Enter Cents

#### SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to	Loans Outstanding at	Loans Made	Repayments Rece	Loans Outstanding at	
business enterprises regardless of amount. (A)	Start of Period (B)	During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	End of Period (E)
1. Name:					
Purpose:					
Security:					
Terms of Repayment:					
2. Name:					
Purpose:					
Security:					
Terms of Repayment:					
3. Name:					
Purpose:					
Security:					
Terms of Repayment:					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in	∴ Item 27 Column (A)	ltem 69	ltem 51	ttem 75with Explanation	

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#### FILE NUMBER: 006-136

### SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

### SCHEDULE 3 — OTHER ASSETS

Description (A)	Amount (B)
Marketable Securities  1. Total Cost	
2. Total Book Value	
List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a)	
(b)	
(c)	
(d)	
Other Investments 4. Total Cost	
5. Total Book Value	
List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.  (a)	
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
Enter the Total from Line 7 in	☆ ltem 29, Column (B)
Form LM 0 /Deviced 0000\	-

Description (A)	Book Value (B)
1. EXCHANGE- INSURANCE RECEIV.	16
2.	
3.	-
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	16
Enter the Total from Line 7 in	் Item 31, Column (B)

#### **SCHEDULE 4 — OTHER LIABILITIES**

Description (A)	Amount at End of Period (B)
1. DETO UFOW PENSION FUND	5107
2. DUE TO PSSE PENSION FUND	224
3. MISCELL EXPENSES - AUTUSTED	174
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	6105
Enter the Total from Line 7 in	 Item 36, Column (D)

#### **SCHEDULE 5 — FIXED ASSETS**

FILE NUMBER: 0 06-136

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)	
1. Land (give location):					
2. Totals from additional pages (if any)					
3. Buildings (give location):					
4. Totals from additional pages (if any)					
5. Automobiles and Other Vehicles					
6. Office Furniture and Equipment					
7. Other Fixed Assets					
8. Totals of Lines 1 through 7			G		
Enter the Total from Line 8, Column (D) in					

#### SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				- · · · -
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
		7. Less Reinvest	ments	
		8. Net Sales		O
Enter the Total from Line 8 in				் tem 49

#### SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 0 6 - 1 36

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.			
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
	7. Less Reinves	tments	
	8. Net Purchase	es	0
Enter the Total from Line 8 in			∱ Item 68

#### **SCHEDULE 8 — LOANS PAYABLE**

Source of Loans Payable at Any	Loans Owed at Loans Obtained	Loans Obtained	Repayment Ma	Loans Owed at	
Time During the Reporting Period (A)	Start of Period (B)	During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	End of Period (E)
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5		-			<b>1</b>
Enter the Totals from Line 6 in	ু	ি Item 50	Item 70	↑ Item 75 with Explanation	⊕

#### SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTSTO OFFICERS

FILE NUMBER: 0 06- (36

(A) Name (List all persons who held office during they received no salary or other dist.  (B) Title (Enter title of officer, such as PRESIL	DENT or TREASURER.)  Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
1. R V E RA	First Name  EDWARD	44723	0	0	1451	46 174
THE PRESIDENT	Status P	, , , , , , , , , , , , , , , , , , ,				
2. DO MINI	First Name WILLIA-M	57 300	0	٥	1155	58475
Title PRESIDENT	Status C					
3. CARASCO	PEDRO	0	0	U	ی	Ö
TRIO VICE PRESI	DENT Status C					
4. BO RIELLO	JACQ UEL	٥	0	0	٥	O
THERECORDING	SECY Status C					
5. KWAS HEK	First Name RAY	J	O	٥	S	б
THETRUSTEE	Status C					
Last Name  6.	riist name					
Title	Status					
Last Name	First Name					
7. Title	Status					
8. Totals from additional pages (if a	any)					
9. Totals of Lines 1 through 8		102043			2606	104649
			10. Less Dedu	ctions	22811	
Enter the Total from Line 11 in	Item 56 🖒	11. Net Disburs	sements	81834		
*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N. (If any officer was not elected at a reg						ection in accordance with blain in Item 75 on page 1.)

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#### SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 006-136

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)  (B) Position (Enter employee's job title.)  (C) Name of Affiliated Organization (if applicable)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name First Name	(5)	\-/	(, ,	(5)	(1.7)
1.	•				
Position					
Name of Affiliated Organization					
Last Name First Name					
2.					
Position					
Name of Affiliated Organization					
Last Name First Name					
3.					
Position					
Name of Affiliated Organization					
Last Name First Name			<u></u>		
4.					
Position			1		
Name of					
Affiliated Organization					
Last Name First Name					
5.					
Position					
Name of					
Affiliated Organization					
6. Totals from additional pages (if any)					
Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates		·			
8. Totals of Lines 1 through 7					
	9. Less Deductions				
Enter the Total from Line 10 in			10. Net Disburs	ements	

FILE NUMBER: 0 06-136

Description (A)	To Whom Paid (B)	Amount (C)
1. PENSION BENEFITS	PSSDC PENSION FUND	1570
2. MEDICAL INSURANCE	BLUE CROSS/BLUE SHIRY	14288
3. GROUP LIFE INSURANCE	NO. AMERICAN BENEFITS	420
4. PRESCRIPTION PLAN	GENERAL PRESCRIPTION	3951
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		20229
Enter the Total from Line 6		↑ Item 63

### SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. UFOW HARDSHIP FUND	
2. LOCALS 17× 633	100
3. PASSIONIST MONASTERY	[5
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	110
Enter the Total from Line 8 in	(} Item 64

### SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)				
1. RENT	4968				
2. TELEPHONE	2584				
3. POSTAGE	1238				
4.					
5.					
6.					
7. Total from additional pages (if any)					
8. Total of Lines 1 through 7	8790				
企 Enter the Total from Line 8 inltem 60					

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### SCHEDULE 14 —

#### **OTHER RECEIPTS** Description Amount (A) (B) 1. BANK CHARGES CREDITED 2.

370 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. Total from additional pages (if any) 370 17. Total of Lines 1 through 16

Enter the Total from Line 17 in ...... Item 54

#### SCHEDULE 15 — **OTHER DISBURSEMENTS**

OTTIETT DIODOTTOLINEITTO	
Description (A)	Amount (B)
1. ORGANIZING MERTINGS	8049
2. Services Rendered	250
3. UNION DUES DEDUCTED	(395)
4. WITHDRAWE LIAB-PENSON	4302
5. BANK CHARGES	270
6. LABOR ORG INS. BOND	1278
7.	
8.	
9.	
10.	
11.	-
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	14004
Enter the Total from Line 17 in	ু ltem 73

U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Washington, DC 20210

# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL PECEIPTS AND LABOR ORGANIZATIONS IN TRUSTERSHIP Form Approved Office of Management and Budget No. 1215-0188 Expires: 11-30-2002

MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information container in any accompanying decuments) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true correct, and complete. (See Section VI on penalties in the instructions.  PRESIDENT 77. SIGNED:  TREASURER (If other title,		This report is mandator	y under P.L. 86-257, as amended	. Failure to c	comply may re	ult in criminal pros	ecution, fines, or c	ivil penalties as provided by 29 U.S.C. 439 c	r 440.
MO DAY YEAR			READ THE	INSTRUCTIO	ONS CAREFU	LY BEFORE PRE	PARING THIS REP	PORT.	
IMPORTANT    IMPORTANT   S. MAILING ADDRESS (Type or print in capital letters.)   Sister   Polymer of the label information is correct, leave Items 4 through 8.	For Offic	cial Use Only	1. FILE NUMBER	2. PERIOD		Y YEAR	filed re	port, check here:	, ,
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First Name WILLIAM  Peel off the address label from the back of the package and place it here.  If the label information is correct, leave ltems 4 through 8 blank.  If any of the label information is incorrect, complete ltems 4 through 8.  Application of organization name Position organization name Pos				Through	093	0 700 ·	(c) SUBSII your ur	DIARY — If this is a report for a subsidiary on the instruction in Section X of the instruction	rganization of ns, check here:
Peel off the address label from the back of the package and place it here.  If the label information is correct, leave Items 4 through 8 blank. If any of the label information is incorrect, complete Items 4  #ANFILIATION OR ORGANIZATION NAME    PO. Box * Building and Room Number (if any)    Po. Box * Building and Room Number (if any)   Po. Box * Building and Room Number (if any)   Number and Street   Po. Box * Building and Room Number (if any)   Po. Box * Building and Room Numb	•••	<u> </u>	<del></del>		8. MAILING	ADDRESS (Type o	r print in capital le	tters.)	
Peel off the address label from the back of the package and place it here.  If the label information is correct, leave items 4 through 8 blank. If any of the label information is incorrect, complete items 4 through 8.  Application of or organization name  Pobly (Tion) Suce + Salts District Council  5. DESIGNATION (Local, Lodge, etc.)  16. DESIGNATION NUMBER  7. UNIT NAME (If any)  9. Are your organization's records kept at its mailing address?  18. APPLICATION or organization's records kept at its mailing address?  19. Are your organization's records kept at its mailing address?  19. Are your organization's records kept at its mailing address?  19. Are your organization's records kept at its mailing address?  19. Are your organization's records kept at its mailing address?  19. Are your organization's records kept at its mailing address?  19. Are your organization's records kept at its mailing address?  19. Are your organization's records kept at its mailing address?  19. Are your organization's records kept at its mailing address?  19. Are your organization's records kept at its mailing address?  19. Are your organization's records kept at its mailing address?  19. Are your organization's records kept at its mailing address?  19. Are your organization's records kept at its mailing address?  19. Are your organization's records kept at its mailing address?  19. Are your organization's provide address in Item 75.  19. Are your organization's provide address in Item 75.  19. Are your organization's records kept at its mailing address?  19. Are your organization's records kept at its mailing address?  19. Are your organization's records kept at its mailing address?  19. Are your organization's provide address in Item 75.  19. Are your organization's provide address in Item 75.  19. Are your organization's provide address in Item 75.  19. Are your organization's provide address in Item 75.  19. Are your organization's provide address in Item 75.  19. Are your organization's provide address in Item 75.  19. Are your		<u>IMP</u> (	DRTANT						
AAFFILIATION OR ORGANIZATION NAME  ##AFFILIATION OR ORGANIZATION NAME  ##OBULCTION SYCE + SALES DISTRICT COUNCIL  S. DESIGNATION LOOSE, etc.)  ##OBULCTION SYCE + SALES DISTRICT COUNCIL  S. DESIGNATION FOR COUNCIL  S. OF SIGNATION NAME  ##OBULCTION SYCE + SALES DISTRICT COUNCIL  S. OF SIGNATION WITH AN ENUITY  ##OBULCTION STATE  ##OBULCTION SYCE + SALES DISTRICT COUNCIL  S. OF SIGNATION (##OBULCTION NAME   1 2 09 -	D. 1.66		# 11 1 # 111		MIL	LIAM			1
If the label information is correct, leave Items 4 through 8 blank.  If any of the label information is incorrect, complete Items 4  through 8.  Number and Street  4/AFFILIATION OR ORGANIZATION NAME  PO. Box • Building and Room Number (If any)  Number and Street  9/0   4 T # AVENUE  City  5. DESIGNATION (Local Lodge, etc.)   6. DESIGNATION NUMBER  TOWN State ZIP Code +4  9. Are your organization's records kept at its mailing address? Yes X No  IN   1 2 09 -  75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified)  Item Number  36  ALL ASSETS AND CASH to be TPANSFORDED FROM LOCAL MY-S. ALL LABILITIES  ALL ASSETS AND CASH to be TPANSFORDED FROM LOCAL MY-S. ALL RECORDS WILL BE RETTAINED BY OF LOCAL MY-			from the back of the pack	age	Last Name				
Hany of the label information is correct, complete Items 4  If any of the label information is incorrect, complete Items 4  #AFFILIATION OF ORGANIZATION NAME  #PO. Box • Building and Room Number (If any)  Number and Street  9 70 1 4 T H AN ENUE  City  5 DESIGNATION NAME  7. UNIT NAME (If any)  9. Are your organization's records kept at its mailing address? Yes X No  No. 1 1 2 09 -  15. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)  16. DESIGNATION NUMBER  17. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)  17. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)  18. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)  18. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)  18. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)  18. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)  18. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)  18. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)  19. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)  19. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)  19. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)  19. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)  19. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)  19. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)  19. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)  19. ADDITIONAL INFORMATION (If more s	•				DOM	1 10 1			
If any of the label information is incorrect, complete items 4 through 8.  Number and Street  4AFFILIATION OR ORGANIZATION NAME  1200_CTON Syc = * SALES DISTRICT COUNCIL 5. DESIGNATION NUMBER 7. UNIT NAME (# apy) 6. DESIGNATION NUMBER 7. UNIT NAME (# apy) 7. UNIT NAME (# apy) 8. OO K L Y N  State ZIP Code +4  9. Are your organization's records kept at its mailing address? Yes X No 11 2 09  75. ADDITIONAL INFORMATION (# more space is needed, attach additional pages properly identified)  Item Number  36  ALL ASSETS AND CASH +6 DE TRANSFERRED FROM LOCAL YN S. ALL LIABILITY OF LOCAL YN SAPE DREASH +0 DE TRANSFERRED FROM LOCAL YN S. ALL LIABILITY OF LOCAL YN SAPE DREASH SALES DISTRICT COUNCIL UFOW AFL-CIO - ROBERT J. AD PRIESIDENT - AT PRODUCTION SCRUCE + SALES DISTRICT COUNCIL UFOW -AFL-CIO - ROBERT J. AD PRIESIDENT - AT 9. ACCORDANY AND RESIDENT OF THE ADVENCE OF THE	If the label	Information is corre	ct, leave Items 4 through 8 bla	ank.	<b>t</b>		lumber <i>(if anv</i> )		
4.AFFILIATION OR ORGANIZATION NAME PODUCTION SUCE + SALES DISTRICT COUNCIL  5. DESIGNATION (Local, Lodge, etc.)  7. UNIT NAME (if apy)  7. UNIT NAME (if apy)  8. Are your organization's records kept at its mailing address? Yes X No  9. Are your organization's records kept at its mailing address? Yes X No  1 1 2 09  75. ADDITIONAL INFORMATION (if more space is needed, attach additional pages properly identified.)  1 term Number  1 LOCAL 222-5 MARCEO WITH LOCAL 422-5 FILE # OOb-147-EFFECTIVE BCTOBER 1, 7007  ALL ASSETS AND CASH to be TRANSFORMED FROM LOCAL 122-5 to LOCAL 422-5. ALL LABILITIES  OF LOCAL 122-5 MARCEO WITH LOCAL 422-5 FILE # OOb-147-EFFECTIVE BCTOBER 1, 7007  RODUCTION SACUICE + SALES DISTRICT COUNCIL, U FCW-AFL-CIO - ROBERT T. LAD PRIESIDENT - AT  RODUCTION SACUICE + SALES DISTRICT COUNCIL, U FCW-AFL-CIO - ROBERT T. LAD PRIESIDENT - AT  RODUCTION SACUICE + SALES DISTRICT COUNCIL, U FCW-AFL-CIO - ROBERT T. LAD PRIESIDENT - AT  RODUCTION SACUICE + SALES DISTRICT COUNCIL, U FCW-AFL-CIO - ROBERT T. LAD PRIESIDENT - AT  RODUCTION SACUICE + SALES DISTRICT COUNCIL, U FCW-AFL-CIO - ROBERT T. LAD PRIESIDENT - AT  RODUCTION SACUICE + SALES DISTRICT COUNCIL, U FCW-AFL-CIO - ROBERT T. LAD PRIESIDENT - AT  REASURED  10 1 15 103 (718) 491 - 4700 see instructions, OI VIGOS (718) 491 - 4700 see instructions, see instructions, see instructions, see instructions, see instructions, see instructions.			s incorrect, complete Items 4		T.O. Box B		(ii (ii (ii (ii))		
S. DESIGNATION SUCE + SALTS DISTRICT COUNCIL  S. DESIGNATION NUMBER  DOCAL  7. UNIT NAME (if any)  9. Are your organization's records kept at its mailing address?  Yes X No  N V 11 2 09 -  The Number of the sum of the information containe in any accompanying decuments) in the sum of th					Number and	Street			
Source of the undersigned, duly authorized pifficers of the above labor organization, declares, under the applicable penalties of law, that all of the intorfast of supplies, in the information containe in any accompanying description.  Source of the undersigned, duly authorized pifficers of the above labor organization, declares, under the applicable penalties of law, that all of the intorfast of supplies, the signatory and is, to the best of the undersigned's incovered and complete, the see instructions, on 185 193 193 193 193 193 193 193 193 193 193	4~AFFILIATION	OR ORGANIZATION N	IAME ~	<u> </u>	1920	1 40	+ AVE	NUF	
7. UNIT NAME (If any) 7. UNIT NAME (If any) 7. UNIT NAME (If any) 9. Are your organization's records kept at its mailing address? Yes X No N 1 2 09 —  The Number of North Address in Item 75.)  The Number of North Address in Item 75.  The Number of North Address in	PRODUCTION	U SUCE + SA	HES DISTRICT COL	MCL	'				
State ZIP Code + 4  9. Are your organization's records kept at its mailing address? Yes X No N 1 1 2 09 -  75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages property identified.)  Item Number 36  ACHL 222-5 MERCED WITH LOCAL 422-5 FILLE H 006-147-EFFECTIVE OCTOBER 1, 7007  ALL ASSETS AND CASH to BE TRANSFERRED FROM LOCAL 127-5. ALL DERECTIVE OF LOCAL 427-5. ALL DEPENDENT OF LOCAL 427-5. ALL DEPENDENT OF LOCAL 427-5. ALL DEPEN				1	- 12 1 .4	ŗ			
9. Are your organization's records kept at its mailing address? Yes X No NY 11209—  75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)  Item Number 36 LOCAL 222-5 MARGED WITH LOCAL YIY-5-FILE # 006-147-EFFECTIVE OCTOBER 1, 700 Y  ALL ASSETS AND CASH to BE ASSUMED BY LOCAL YIY-5. ALL DECORDS WILL BE RETAINED BY OF LOCAL YIY-5 APE to BE ASSUMED BY LOCAL YIY-5. ALL DECORDS WILL BE RETAINED BY RODUCTION SORVICE + SALES DISTRICT COUNCIL UFOW-AFL-CIO-ROBBET J. RAD PRESIDENT - AT PRODUCTION SORVICE + SALES DISTRICT COUNCIL UFOW-AFL-CIO-ROBBET J. RAD PRESIDENT - AT PRODUCTION SORVICE + SALES DISTRICT COUNCIL UFOW-AFL-CIO-ROBBET J. RAD PRESIDENT - AT PRODUCTION SORVICE + SALES DISTRICT COUNCIL UFOW-AFL-CIO-ROBBET J. RAD PRESIDENT - AT PRESIDENT 77. SIGNED:  Each of the undersigned, duly authorized-pifficers of the above labor organization, declares, under the applicable penalties of taw, that all of the internation submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief three corpusts and completes (See Section VI on penalties in the instructions.)  PRESIDENT 77. SIGNED:  OI 115 103 (718) 491-4100 see instructions.)	7. UNIT NAME (i	if anv) ,		<u></u>			3		
(If "No," provide address in Item 75.)  Yes No NY 11201  75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)  Item Number		0700			1 .		_		
LOCAL 222-5 MORGED WITH LOCAL YLY-S-FILE # 006-147-EFFECTIVE OCTOBER 1, 7007  ALL ASSETS AND CASH to BE TRANSFERRED FROM LOCAL YLY-S to LOCAL YLY-S. ALL LIABILITY  OF LOCAL YLY-S ARE to BE ASSUMED BY LOCAL YLY-S. ALL RECORDS WILL BE RETAINED BY  PRODUCTION SERVICE + SALES DISTRICT COUNCIL, UFCW-AFL-CIO-ROBERT J. RAD PRESIDENT-AT  Q201 Y # AVENUE, BROOKLYN, N.Y. 11709  Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of tew, that all of the information submitted in this report (including the information containe in any accompanying decuments) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true correct, and complete. (See Section VI on penalties in the instructions.)  OF 1503 (718) 791 - 4700 see instructions.)  OF 1503 (718) 491 - 4700 see instructions.)			at its mailing address? Yes	No	NY	11200	<u> </u>		
ALL ASSETS AND CASH to BE TRANSFORDED FROM LOCAL 127-5. ALL DECORDS WILL BE RETAINED BY OF LOCAL 777-5 ARE TO BE ASSUMED BY LOCAL 477-5. ALL DECORDS WILL BE RETAINED BY PRODUCTION SERVICE + SALES DISTRICT COUNCIL, U FCW-AFL-CIO - ROBERT J. DAND PRESIDENT - AT PRODUCTION SERVICE + SALES DISTRICT COUNCIL, U FCW-AFL-CIO - ROBERT J. DAND PRESIDENT - AT PRODUCTION SERVICE + SALES DISTRICT COUNCIL, U FCW-AFL-CIO - ROBERT J. DAND PRESIDENT - AT PRODUCTION SERVICE + SALES DISTRICT COUNCIL, U FCW-AFL-CIO - ROBERT J. DAND PRESIDENT - AT PRODUCTION OF THE ADDRESS OF	75. ADDITIONAL	. INFORMATION (If me	ore space is needed, attach additi	ional pages p	property identi	ed.)			
76. SIGNED: 15/03 (718) 791 - 4700 PRESIDENT (If other title, see instructions.) 01/16/03 (718) 491 - 4700 See instructions.)	ALL ASSETS AND CASH to be TRANSFERRED FROM LOCAL MY-S TO LOCAL TW-S. HULDED BY OF LOCAL TY-S. ALL DECORDS WILL BE RETAINED BY OF LOCAL TY-S. ALL DECORDS WILL BE RETAINED BY OF LOCAL TY-S. ALL DECORDS WILL BE RETAINED BY OF LOCAL TY-S. ALL DECORDS WILL BE RETAINED BY OF LOCAL TY-S. ALL DECORDS WILL BE RETAINED BY OF LOCAL TY-S. ALL DECORDS WILL BE RETAINED BY OF LOCAL TY-S. ALL DECORDS WILL BE RETAINED BY								
76. SIGNED: 15/03 (718) 791 - 4700 PRESIDENT (If other title, see instructions.) 01/16/03 (718) 491 - 4700 See instructions.)	Each of the under	rsigned, duly authorized	officers of the above labor organiza	tion, declares	s, under the an	licable penalties of	aw, that áil of the in	formation submitted in this report (including the	e information contained
01 / 15 / 03 (718) 791 - 4700 (If other title, see instructions.) 01 / 16 / 03 (718) 491 - 4700 (If other title, see instructions.)	in any accompan	ying decuments) has be	en examined by the signatory and	is, to the bes	t of the unders	gned's knowledge	nd belief true com	act, and complete. (See Section VI on penalt	ies in the instructions.)
01 / 15 / 03 (718) 791 - 4700 see instructions.) 01 / 16/03 (718) 491 - 4700 see instructions.									
Date Telephone Number Date Telephone Number	01/	15/03/	718 ) 791 - 4700	) (iī oi See		01/	11603	(718) 491-4700	see instructions.)
		Date	Telephone Number	<u>.</u>			Date	Telephone Number	

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During the Reporting Period Did Your Organization:  10. Have a "subsidiary organization" as defined in Section X of the instructions?	Yes	No	i	How many members organization have at treporting period?	the end of the
Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?				What is the date of your next regular election of the work of the waximum under your organization a loss caused by a employee of your organization.	our organization's of officers? In amount recoverable on's fidelity bond any officer or
12. Have a political action committee (PAC) fund?			21.		zation's rates of dues and fees? d maximum if more than one rate
Acquire or dispose of any goods or property in any manner other than by purchase or sale?				(a) Regular Dues/Fees	\$ per(Month, Year, etc.)
Have an audit or review of its books and records     by an outside accountant or by a parent body     auditor/representative?				<ul><li>(b) Initiation Fees</li><li>(c) Transfer Fees</li></ul>	\$ \$
15. Discover any loss or shortage of funds or other property?				(d) Work Permits	\$per(Month, Year, etc.)
(Answer "Yes" even if there has been repayment or recovery.)			22.	have any changes in i (other than rates of du	period, did your organization its constitution and bylaws Yes No ues and fees) or in practices/ ne instructions?
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor				(If the constitution and attach two new dated	d bylaws have changed,
organization or of an employee benefit plan?  17. Liquidate or reduce any liabilities without		:	23.	as security or encumb	anization's assets pledged pered in any other way pring period?
disbursement of cash?				Did your organization liabilities at the end of	have any contingent fithe reporting period?
(If the answer to any of the above questions is "Yes," provide of in Item 75 on page 1 as explained in the instructions for each		:		ne answer to Item 23 o n 75 on page 1.)	or 24 is "Yes," provide details in

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